

EXHIBIT C

Chi Zhang

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5 IN THE DISTRICT COURT

6

FOR THE DISTRICT OF MASSACHUSETTS

7

Civil Action No. 04-CV-11674-WGY

8 - X

9 RONALD SHAMON and PATRICIA SHAMON,

10

Plaintiffs,

11 v.

12 UNITED STATES OF AMERICA,

13

Defendant.

14 - X

15

16 DEPOSITION OF DR. CHI ZHANG

17

wednesday, February 23, 2005

18

11:04 a.m.

19

HANIFY & KING

20

One Beacon Street

21

Boston, Massachusetts

22

23

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Reporter: Marianne R. Wharram, CSR/RPR

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1 that time, before they enter room, we talk to the
2 patient, the procedure room.

3 Q. So the practice back in December of 2001
4 was they showed up in the endoscopy department?

5 A. Right.

6 Q. And prior to going in and actually
7 performing the procedure, you had the discussion
8 with the patient about the risks associated with
9 the procedure?

10 A. That's correct.

11 Q. Now, you don't recall specifically in this
12 instance any conversation you had with Mr. Shamon
13 about the risks associated with the procedure; is
14 that correct?

A. No, I don't. I don't recall. Right.

Q. Was there a specific consent form that the VA hospital used; I mean, a standard consent form?

18 A. Yes.

19 Q. And was that a generic form, or was it
20 geared towards sigmoidoscopy procedures?

21 A. I think it's geared towards sigmoidoscopy.
22 I'm not exactly sure.

23 Q. All right. So your recollection was --

24 A. Right.

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1 A. Missing lesions.

2 Q. Missed lesions?

3 A. Right. Let's say the colon is not -- we
4 missed them because we're not able to --

5 Q. So it's possible that you might miss a
6 lesion?

7 A. Right. Right.

8 Q. What else?

9 A. Remotely, maybe some cardiac reaction
10 because the patient is undergoing the procedure
11 itself. That is rare. That's about it.

12 Q. Okay.

13 A. I think that I can --

14 Q. And presumably, are those listed on the
15 consent form, the standard consent form?

16 A. Yes.

17 Q. Let me ask you about the term perforation.

18 A. Yeah.

19 Q. What is a perforation?

20 A. Perforation means -- usually, I tell
21 patients that -- poke a hole, make --

22 Q. A perforation is a hole, right?

23 A. Yeah, perforation.

24 Q. In lay terms?

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1 A. Yeah.

2 Q. All right. When you refer to perforation
3 as a risk of a sigmoidoscopy procedure, perforation
4 of what is --

5 A. Of the bowel.

6 Q. Of the bowel, correct?

7 A. Right.

8 Q. A rectal perforation is not a known and
9 accepted complication of a sigmoidoscopy procedure,
10 correct?

11 A. Rectum is part of the bowel.

12 Q. You consider the rectum part of the bowel?

13 A. Yeah.

14 Q. So is it your testimony that a rectal
15 perforation is a known and expected complication of
16 a sigmoidoscopy procedure?

17 A. Yes.

18 Q. Is that supported by any literature, to
19 your knowledge?

20 A. Um, I cannot identify certain literature,
21 no.

22 Q. It -- when -- if we were to look at the
23 consent form --

24 A. Right.

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1 Q. -- that Mr. Shamon signed on the day of the
2 procedure, would it specifically say rectal
3 perforation on that form?

4 A. No, it wouldn't say rectal perforation. I
5 think it would say just perforation.

6 Q. Just generically, perforation?

7 A. Yeah.

8 Q. Did you, independently of what's on the
9 form, do you recall telling Mr. Shamon that a
10 rectal perforation was a known complication or risk
11 of the procedure?

12 A. I don't recall that.

13 Q. You don't recall whether you told him that?

14 A. Right. Right. I think -- I think one term
15 I want to make clear, that in lay terms, say we are
16 talking about the rectum, some -- actually, we're
17 referring in medicine, referring to the anus.
18 Rectum is part of the bowel. Quite -- some -- you
19 know, like in lay terms, people say rectum, but
20 actually, they're referring to the anus.

21 Q. When you say that, that's the terminology
22 you use?

23 A. Yes.

24 Q. So when you say rectum, you're referring to

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1 anus?

2 A. No, we're referring to rectum.

3 Q. How many sigmoidoscopy procedures have you
4 performed, approximately, following the procedure
5 you performed on Mr. Shamon?

6 A. I didn't count those numbers.

7 Q. Approximately?

8 A. I would say another equal amount of number,
9 maybe 20-ish.

10 Q. So from --

11 A. Yeah.

12 Q. The total amount of sigmoidoscopy
13 procedures you performed is approximately 35, 40?

14 A. Right. Yes. Yes.

15 Q. Have you ever -- strike that. Have any of
16 those sigmoidoscopy procedures ever resulted in a
17 rectal perforation?

18 A. No.

19 Q. Do you know what the percentage is, or
20 incidence is of rectal perforations during
21 sigmoidoscopy procedures?

22 A. No. No. Um --

23 Q. Let me ask you this. Is it a common
24 complication associated --

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1 A. No.

2 Q. Let me finish. Is it a common complication
3 associated with a sigmoidoscopy procedure?

4 A. No.

5 Q. But you have no -- you can't quantify how
6 rare it is?

7 A. No, I cannot.

8 Q. How many sigmoidoscopy procedures have you
9 ever observed, aside from the ones you performed
10 yourself?

11 A. I'd have to guess the number again. Um, I
12 would say around 30 --

13 Q. Okay.

14 A. -- in total.

15 Q. So you've performed approximately --

16 A. Right.

17 Q. -- 30 to 40, and you've observed
18 approximately another 30?

19 A. Right.

20 Q. In all the sigmoidoscopy procedures you
21 observed, did you ever encounter one in which a --
22 one that resulted in a rectal perforation?

23 A. No.

24 Q. So you've never seen one?

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1 A. No, never.

2 Q. Have you ever read about rectal -- have you
3 ever read any literature describing rectal
4 perforations resulting from sigmoidoscopy
5 procedures?

6 A. I don't recall a specific one article, no.

7 Q. Can you think of any -- anything you've
8 ever read that describes rectal perforations as a
9 complication of a sigmoidoscopy procedure?

10 A. I haven't looked the article myself, but I
11 cannot recall any.

12 Q. Well, have you looked at -- for such
13 articles?

14 A. Most --

15 Q. Go ahead.

16 A. The practice we do now, we mostly perform
17 colonoscopy instead of sigmoidoscopy now, because
18 sigmoidoscopy, you only see about the last maybe
19 one feet of the colon, and we do the colonoscopy,
20 the entire colon now, which covers the entire
21 colon, and we perform more of those procedures.
22 And your question, whether I read about
23 sigmoidoscopy perforation of the rectum, I don't
24 recall specific articles about that at all, no. I

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1 didn't look. But for colonoscopy, there are.

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2 Q. There are articles relating to
3 colonoscopies --

4 A. Colonoscopies, yeah.

5 Q. -- that specifically identify rectal
6 perforation as a known complication of that
7 procedure; is that correct?

8 A. Yes.

9 Q. Can you identify any specific articles or
10 treatises?

11 A. No, I can't.

12 Q. What is the basis for your assertion, then,
13 that a rectal perforation is a known complication
14 of a sigmoidoscopy procedure?

15 A. Because from the data, we're told around --
16 for colonoscopy, the perforation rate about one in
17 one thousand, like through all the bowel. It's not
18 restricted to rectum.

19 Q. Well, that's what I'm asking about.

20 A. Right.

21 Q. Can we agree that a bowel perforation is a
22 known complication of a colonoscopy procedure?

23 A. Right.

24 Q. I'm talking about rectal perforations; not

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1 generic perforations.

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2 A. Yes. Yeah. Again, the term is that rectum
3 is part of the bowel.

4 Q. You don't make any distinctions between the
5 rectum and the bowel? Is that what you're saying?

6 A. Right. Right.

7 Q. Would you agree that a rectal perforation
8 can occur as a result of a procedure that was done,
9 or a procedure that was done negligently?

10 A. Yes.

11 Q. Okay.

12 A. Yes.

13 Q. So it can be -- it can be the result of
14 some negligence on the part of the physician that's
15 performing the procedure; is that correct?

16 A. You know, let me re-- what do you mean
17 negligence? Do you say --

18 Q. Let me phrase it this way. Can a rectal
19 perforation result from a procedure that's done --
20 strike that. Can a rectal perforation be the
21 result of a procedure that was not performed within
22 the standard of care?

23 MR. WILMOT: Objection. You can still
24 answer.

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1 A. It's possible.

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2 Q. (BY MR. PERRY) A rectal perforation can be
3 the result of a procedure that was performed
4 beneath the accepted standard of care; is that
5 correct?

6 MR. WILMOT: Objection.

7 A. I would say yes. Yeah.

8 MR. PERRY: I want to take a
9 five-minute break.

10 (off the record.)

11 (Recess taken.)

12 Q. (BY MR. PERRY) All right, Doctor, I'm just
13 going to have you take a look at what's been marked
14 as Exhibit 2. And again, could you direct my
15 attention to that portion of the record that
16 reflects your treatment of Mr. Shamon?

17 A. Just these two pages.

18 Q. And what are the page numbers in the upper
19 right, the fax page numbers?

20 A. Five and six.

21 Q. From looking at that record that you
22 identified -- again, pages in the upper right-hand
23 corner, pages five and six of Exhibit 2 -- does it
24 indicate who actually prepared the note?